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URBAN DISTRICT COUNCIL OF WOODBRIDGE.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

For the Year 1952.

page 1.

Council Offices,

17 Thoroughfare,

Woodbridge.

September 1953.

The Chairman and Councillors,
Woodbridge Urban District Council.

Mr. Chairman,

Lady and Gentlemen,

I submit herewith my Annual Report
for the Year 1952.

The report follows the plan of previous
years and is on the lines suggested by the Ministry of Health.

The vital statistics for 1952 are very
satisfactory, and the population still shows signs of increasing.

During the year infectious disease was
not prominent, but an outbreak of Food Poisoning involved a
considerable amount of investigation.

I would like to thank both Councillors
and Officials for their help and co-operation during the year.

I am,

Your obedient Servant,

C. H. IMRIE,

Medical Officer of Health.



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PUBLIC HEALTH OFFICERS

Medical Officer of Health

C. H. Imrie, T.D.,
M.B., Ch.B., D.P.H.

Sanitary Inspector

G. Ogden, M.R.San.I.

A STATISTICS

1.	<u>Summary of General Statistics</u>	
	Area of District in Acres.....	1097
	Number of Inhabited houses.....	1874
	Rateable Value of District.....	£36172
	Product of Penny Rate.....	£137. 5. 0

2. Summary of Vital Statistics

1942 to 1952

	<u>1942</u>	<u>1943</u>	<u>1944</u>	<u>1945</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>	<u>1952</u>
Estimated Population	4467	4446	4533	4718	4998	5101	6450	5380	5340	5413	5448
Birth Rate	18.8	17.5	20.5	17.4	19.4	17.8	13.3	18.7 (99)	19.2 (80)	15.1 (82)	15.6 (85)
Still Birth Rate	0.67	0.22	0.22	0.85	0.4	0.19	0.40	-	0.93 (5)	-	0.36 (2)
Death Rate	14.3	14.2	17.2	14.6	10.7	13.3	13.2	14.3 (87)	11.3 (80)	12.4 (67)	11.0 (60)
Infantile Death Rate	23.8	12.8	43.0	24.4	51.5	21.9	23.2	50.4 (5)	37.5 (5)	48.7 (4)	11.7 (1)

Infantile death rate is the rate per 1000 live births. The other rates are per 1000 population. Figures in brackets are the actual numbers.

ANALYSIS OF VITAL STATISTICSa. Live Births

	Male	Female	Total
Legitimate	45	32	85
Illegitimate	5	3	

Birth Rate per 1000 population 15.6

Birth Rate per 1000 population England & Wales 15.3

b. Still Births

	Male	Female	Total
Legitimate	2	-	2
Illegitimate	2	-	2

Still Birth Rate per 1000 population 0.36

Still Birth Rate per 1000 population England & Wales 0.35

c. Deaths all Ages

	Male	Female	Total
	31	29	60

Death Rate per 1000 population 11.0

Death Rate per 1000 population England & Wales 11.3

d. Deaths Infantile Mortality

	Male	Female	Total
	1	-	1

Infantile Death Rate per 1000 live Births 11.7

Infantile Death Rate per 1000 live Births England
& Wales 27.6

e. Comparability

To render all populations comparable with regard to age, sex and population the Registrar General issues to each Local Authority a factor which when applied to the birth and death rates make them comparable with those of other areas.

For purposes of comparison the rates for Woodbridge are -

Birth Rate 19.9 per 1000 population.
Death Rate 8.4 per 1000 population.

Causes of Death

Code No.	Disease	Male	Female	Total
10	Malignant neoplasm stomach	-	1	1
11	Malignant neoplasm lung bronchus	2	-	2
12	Malignant neoplasm breast	-	2	2
13	Malignant neoplasm uterus	-	2	2
14	Other malignant & lymphatic neoplasms	5	2	7
16	Diabetes	1	-	1
17	Vascular lesions of nervous system	4	5	9
18	Coronary disease - angina	5	3	8
19	Hypertension with heart disease	-	1	1
20	Other heart diseases	8	7	15
21	Other circulatory diseases	3	2	5
23	Pneumonia	1	1	2
24	Bronchitis	-	1	1
26	Ulcer of stomach and duodenum	-	1	1
32	Other defined & ill-defined disease	2	1	3
		<hr/>		
		31	29	60
		<hr/>		

Causes of Death under 1 year

Prematurity 1 Male - Female

Comment on Statistics.

The population is slightly above that for the previous year.

The Birth & Death rates compare very favourably with those for other areas, and the Country as a whole. Particularly satisfactory is the low level of deaths under one year of age, and the absence of maternal death.

NOTIFIABLE DISEASE

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Notifiable Disease was not a prominent feature during 1952 and was about the same level as in the previous year.

Measles and whooping cough accounted for the majority of the cases.

Poliomyelitis with two cases was not unduly prevalent.

An outbreak of Food Poisoning took place in the early Autumn. Further details of this will be found on another page.

During the year there were no deaths from Tuberculosis, and 3 cases were removed from the list as recovered.

The incidence of Tuberculosis in the Town is 5.6 per 1000 inhabitants.

AGE GROUP 1952

Disease	0	1	3	5	10	15	25	45	65	age unknown	Total
Scarlet Fever		2	2	3	1						8
Whooping Cough	1	4	8	16	2						31
Measles	6	16	19	53	1		1				96
Pneumonia	1			3		2	2	1	5		14
Poliomyelitis				2							2
Dysentery					1						1
Erysipelas								1			1
Food Poisoning	1				1	2		1			5

total 158

MONTHLY NOTIFICATIONS

	Jan	Feb	Mar	Apl	May	Jne	Jul	Aug	Sep	Oct	Nov	Dec	Total
Scarlet Fever	2		2							1	1	2	8
Whooping Cough				1			1	1		6	14	8	31
Measles		3	2		1	24	19	2			18	27	96
Pneumonia	4	4	1	2	1		1					1	14
Poliomyelitis								2					2
Dysentery									1				1
Erysipelas									1				1
Food Poisoning			1						4				5

total 158

TUBERCULOSIS

	Pulmonary		Non-Pulmonary		Total
	M	F	M	F	
No. on Register <u>1st January 1952</u>	17	10	3	2	32
No. of cases notified during <u>the year</u>	1	3	-	-	4
No. Restored <u>to Register</u>	-	-	-	-	-
No. added other- wise than by <u>Notification</u>	-	-	-	-	-
No. removed <u>from Register</u>	1	2	1	1	5
No. remaining on Register at <u>31st December 1952</u>	17	11	2	1	31

Details of Cases Added to Register

Sex	Age	Occupation	Location of Disease.
M	28	not known	Lungs
F	18	Housewife	Lungs
F	53	Nurse	Lungs
F	16	not known	Lungs

Cases removed from Register

2 Cases moved into another District.

3 Cases Recovered.

FOOD POISONING OUTBREAK

An outbreak of Food Poisoning took place in the early Autumn starting in August and continuing into September. As the details were of some interest they are given below.

In mid August two cases of sickness and diarrhoea occurred in Hollesley and these later proved to be due to Food Poisoning and we were duly notified. Investigation was initiated but owing to the lapse of 3 weeks between the onset and on receipt of the information the results were unproductive.

Over the weekend 13th - 15th September several more cases of Food Poisoning were notified involving 4 families in all. These were scattered in and around Woodbridge. This time the information was passed to us the same day and investigations were started at once. It was found that in each case within a few hours of the onset some cold boiled tongue was consumed. This all came from one shop. No sample was left. Investigations at the shop revealed that cooked tongue was on sale from time to time, the only occasion during the past month being 13th September. None of this tongue was left.

The method of handling the tongues was checked and it emerged that the cooking was done in a neighbouring bakery. The meat handling staff at the butchers and the bakers staff were investigated and all proved negative.

The next step was to re-check all the stages between the tongue coming out of the cooker to it being sold to the customer. The message boy who carried the tongue wrapped up in his basket from the bakers to the butchers was investigated and was shown to be a carrier of the infecting organism Salmonella Thompson. On further questioning it was remembered that during a rush period on Saturday the 13th this boy had been given the job of slicing the tongue. I directed that this lad should be put off food handling until he ceased to carry the germs.

Although the upset was severe in some cases there were no fatalities and all recovered fairly rapidly. In some cases however the infecting germs were carried in the bowels for several weeks after recovery.

HEALTH EDUCATION.

Over a period of more than 70 years a great mass of legislation has accumulated, all aimed at improving in one way or another the general standard of health of the nation. While this covers nearly every aspect of our environment and well-being, it is inevitable that the highest standards of health can never be achieved by legislation alone, as we are ultimately dependent upon the intelligent co-operation of each individual member of the community to make positive progress towards our goal. This has been widely realised for a considerable time and efforts, usually in the form of poster and leaflet propaganda, have been employed by most authorities.

During the year, in an attempt to foster interest in this subject I have given a number of lectures and demonstrations to meetings of various organisations including study groups, parent-teacher associations, women's institutes and mothers clubs. I found that there is considerable general interest in all matters appertaining to health but also a surprisingly great amount of ignorance and superstition.

WATER

The Council's Waterworks supplies water, to the greater part of Woodbridge, and to parts of the adjoining parishes of Hasketon, Martlesham and Melton.

Quantity. During 1952 the quantity of water available has been adequate to meet all demands and the underground supply has not shown any appreciable change in level during this period.

Quality. The water is wholesome and of good taste and appearance, but is extremely hard. It contains a trace of iron in solution. There is no solvent action or lead.

Storage. The storage capacity of the present water tower is 50,000 gallons. This has been considered by the Council to provide too small a reserve and a scheme has been prepared for the erection of a tank of 100,000 gallons capacity.

Premises Supplied. The number of premises in Woodbridge receiving a piped water supply is approximately 1662 out of a total of 1880. The remainder of the town draws water from wells and pumps.

Extensions. During the year mains extensions of approximately 662 feet were laid in the Town.

Consumption. The total amount of water consumed during the year was over 70,600, 000 gallons. This is an increase of about 9,000,000 gallons over the total for the previous year.

Water Softening. This question has been frequently raised in the past and while it is agreed that soft water would be an asset the expenditure involved was considered to be out of proportion to the benefit it would bring.

PUBLIC CLEANSING

There was no change in the situation in Woodbridge during the year as regards public cleansing and my remarks in previous reports apply.

Unfortunatley I have to record that there has not been any further progress in connection with the projected sewerage scheme for Woodbridge and Melton and meanwhile the River Deben is still receiving its daily quota of crude sewage. It is only to be hoped that it will be possible to start work on the scheme before rising costs make it prohibitive. In the circumstances consideration might be given to some modified scheme which might be easier of implementation.

HOUSING.

Housing in Woodbridge was still an urgent problem by the end of the year although perhaps not a problem of the magnitude it was in previous years.

There is still a need for more 3 and 4 bedroom houses but there is also a need for units of much smaller accommodation for pensioners, couples without family and widows. For this type of person a bungalow or a flat with at the most 3 rooms would probably be ideal. Flats for such a purpose have certain advantages such as economy of ground and materials and are convenient and probably more within the financial scope of older people.

An increasing number of council house applicants are refusing houses when offered on account of high rents. Unfortunately it is often those who are most in need of re-housing that do so. Without drastically modifying or altering the type of house being built it is hard to see how any significant reduction can be made.

During the year the Local Authority built a total of 18 houses while a further 11 were erected by private enterprise.

NEW LEGISLATION.

The Public Health (Tuberculosis) Regulations 1952. Came into operation 1st May 1952 and revoke the regulations of 1930 but make similar provisions for the notification of tuberculosis modified to accord with the structure and administration of the service now being provided by the National Health Service Acts.

The Ice Cream (Heat Treatment etc) Amendment Regulations 1952. Came into operation 5th May 1952 and prescribe certain requirements to be observed in the manufacture of ice cream and in particular require the mixture to be subjected to one of two methods of heat treatment.

The Public Health (Meat) (Amendment) Regulations 1952. Came into operation 31st August 1952 and amend the previous regulations to include within its provisions asses, horses and mules.

Action under Various Acts & Regulations

1952.

1. Factories Act 1937

	On Register	Inspection	Defects Remedied	
Factories not employing power	4	1	-	-
Factories employing power	34	6	-	-
	38	7	-	-

Outworkers - nil on Register.

11. National Assistance Act 1948

No statutory action under Section 47 was considered necessary during the year.

